

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION**

UNITED STATES OF AMERICA)	
Plaintiff)	
)	CASE NO: C-1-00-899
vs.)	
)	
ROSE M. SEAY,)	JUDGE WEBER
aka ROSE MARIE SEAY,)	MAGISTRATE JUDGE NOVOTNY
SSN: XXX-XX-1908)	
Defendant,)	
)	
and)	
)	
Cincinnati Children Hospital Medical Center)	
)	
Garnishee.)	

CERTIFICATE OF SERVICE ON
GARNISHEE

This is to certify under penalty of perjury that on January 15, 2004, the following documents were mailed, by certified mail, return receipt requested to Garnishee, Cincinnati Children Hospital Medical Center, Attn: Human Resources, Mail Code: MLC5025, 3333 Burnet Ave., Cincinnati, OH 45229-3026.

1. Application for Writ of Continuing Garnishment;
2. Clerk's Notice of Garnishment, to which was attached a Claim for Exemption form with Instructions to Debtor.
3. Writ of Continuing Garnishment;
4. Instructions to the Garnishee;
5. Notice of Instructions to the above-named Defendant/Debtor for Objecting to Answer

of Garnishee and for Obtaining a Hearing on the Objections.

6. Answer of the Garnishee.

Attached hereto is a copy of the Return of Service document evidencing service on January 20, 2004.

Respectfully submitted,

GREGORY G. LOCKHART
United States Attorney

s/Deborah F. Sanders
DEBORAH F. SANDERS (0043575)
Assistant United States Attorney
Attorney for Plaintiff
303 Marconi Boulevard
Suite 200
Columbus, Ohio 43215
(614) 469-5715
Fax: (614) 469-5240
Deborah.Sanders @usdoj.gov

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) <u>LAVONNE SCOGGINS</u> B. Date of Delivery <u>1-20-2004</u></p> <p>C. Signature <u>X</u> <u>Lavonne Scoggins</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1 Article Addressed to:</p> <p>Cincinnati Children Hospital Medical Center Attn: Human Resources 3333 Burnet Ave. Cincinnati, OH 45229-3026</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2 Article Number (Copy from service label)</p> <p><u>70023410000589345476</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952